

## DEPARTMENT OF HEALTH SERVICES

214/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-2941



October 27, 1993

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Specialists/Liaisons

Letter No.: 93-78

## IMPLEMENTATION OF THE MEDI-CAL PRESUMPTIVE ELIGIBILITY PROGRAM FOR PREGNANT WOMEN

REF.: ACWDL No. 92-82 and Electronic Mail Message No. 92124 and No. 93135

The purpose of this letter is to update counties on the implementation of the Presumptive Eligibility (PE) program for pregnant women. As you know, over the past few months, the Department of Health Services has been working closely with the affected programs, counties, and provider organizations to develop the best method to implement PE. To accomplish this goal, we will be implementing the program in phases. The Department will begin PE in Phase One with the Interested Comprehensive Perinatal Services Program (CPSP) providers effective November 1, 1993 (note change from October 1993). Final procedures for implementation of PE are being issued concurrently with this letter.

Providers who wish to participate in the PE Program must be current Medi-Cal providers who offer perinatal services. Interested providers must submit an application and be approved by the Department's PE Support Unit. The Department has notified the Phase One CPSP Providers of this new program and issued instructions on how to apply. Enclosed for your information is a copy of this recent CPSP letter and a revised application package (Enclosure I). To date, the Department has received an enthusiastic response from providers who are interested in participating in this program. Currently, we are in the process of reviewing the applications and approving providers for PE participation. Provider enrollment in PE, training and shipment of forms is being conducted on a flow basis. It is anticipated that during the first few weeks of November, PE participation will be minimal. However, as more providers are approved to participate and sent the required forms, participation will increase. Counties will be kept apprised of the providers in their area who have been approved to participate in this program. These listings will be sent on a monthly basis to Medi-Cal liaisons beginning November 15, 1993.

Training for PE providers is now a scheduled component of the EDS OB/CPSP Billing Seminars beginning in October and November 1993. Medi-Cal providers who are interested in offering PE to their patients are encouraged to attend these training sessions to receive personal instruction on their responsibilities as a Qualified Provider, review the procedures and materials used in PE, and obtain updated information as needed.

Counties are encouraged, if possible, to send a representative to attend one of the training sessions in your area. County participation will help clarify any questions and provide local information if needed. Enclosed for your reference is a copy of the training dates and locations for October and November (see Enclosure II). Listings of future training dates and locations will be sent to County Liaisons in November. We ask that

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
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you please contact Ms. Lisa Reagan at (916) 657-3719 with the names of county staff who plan to attend the training.

If you have any questions regarding any of the materials enclosed with this letter, please contact Ms. Lisa Reagan. We appreciate your assistance and look forward to a successful implementation.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

## DEPARTMENT OF HEALTH SERVICES

114 744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



Dear CPSP Provider:

The purpose of this letter is to announce a new Medi-Cal program to be implemented in November 1993 called Presumptive Eligibility (PE), and to invite you to participate in providing this valuable program to your patients. PE contributes to the Department of Health Service's (DHS) efforts to improve access to early prenatal care by allowing qualified providers throughout the State to provide their low-income, pregnant patients with immediate, temporary Medi-Cal coverage for ambulatory prenatal care pending their formal Medi-Cal application.

The PE process is designed to be simple and cost-effective. The PE provider determines if his/her patient is eligible for the program by verifying her pregnancy and comparing her monthly family income to a poverty level screening chart. If her income falls at, or below 200 percent of the federal poverty level, and her pregnancy has been verified, she is eligible. The screening chart is easy to reference and the income amount is based solely upon the patient's statement. No other documentation/verification is required to initiate prenatal care services. (Verification of property, residency and other eligibility criteria are not necessary for PE purposes.)

Once the woman has been determined eligible for PE, the PE provider refers the patient to the County Welfare Department (or an eligibility worker outstationed at their clinic site) to formally apply for the Medi-Cal program. Then the provider reports the patient's eligibility to the Department via a toll-free line or FAX so an eligibility record can be established in the computer. The patient must apply formally for Medi-Cal at the County Welfare Department by the end of the month following the month in which the provider determines her eligible for PE in order for her eligibility to continue. However, the provider does not need to wait for formal Medi-Cal to be approved before he/she bills for services. The provider may bill immediately and be paid for the pregnancy test and the initial visit, even if the woman's pregnancy test is negative. In addition, if the patient fails to apply for Medi-Cal, or is deemed ineligible, the initial visits will still be reimbursable.

Over the past few months, the Department has been working closely with the affected programs, counties, and provider organizations to develop the best method to implement PE. To accomplish this goal we are implementing this PE program in phases. The Department will begin PE with the interested CPSP providers. These providers will be asked to assist the Department in implementation and pay

recommend improvements in the program prior to its statewide implementation. The estimated start up date for Phase One is November 1993, after appropriate training and materials have been supplied. Your local CPSP Coordinators are aware of this program and will also assist us in the orientation process.

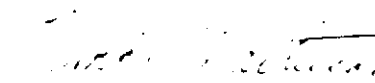
Enclosed is the application package you need to complete if you wish to become a PE Qualified Provider (Attachment I). It includes: 1) the PE Provider Fact Sheet; 2) the PE Provider Responsibilities and Agreement; and 3) the application for you to complete and return if you are interested in joining the PE program. Please return your completed application and signed provider agreement to:

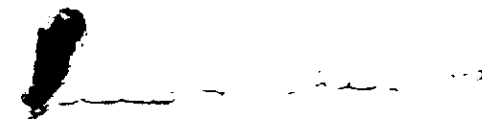
Department of Health Services  
PE Support Unit  
501 S Street, Suite 3  
P.O. Box 942732  
Sacramento, CA 94234-7320

Once your application has been received and approved, you will be sent an approval letter along with a schedule of the ongoing PE training sessions. An advance copy of these training dates and locations is enclosed for your information (Attachment II). Training on the PE program is a scheduled component of the EDS OB/CPSP Billing Seminars. State staff will also be available at the CPSP Provider and Coordinator Trainings to provide program updates and answer questions. Medi-Cal providers who are interested in offering PE to their patients are encouraged to attend these training sessions to receive personal instruction on the responsibilities of a PE Qualified Provider, the procedures and materials used in PE, and obtain updated information and clarification as needed. An advance copy of the PE provider Procedures is enclosed for your reference (Attachment III). You will be sent initial supplies of the forms needed to offer PE to your patients within 10 days after you receive your approval letter.

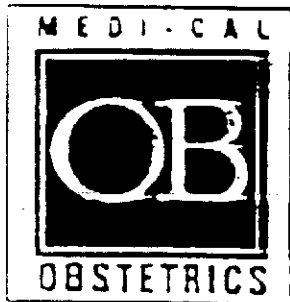
Thank you for your continued efforts to improve the health of pregnant women and infants in California. We look forward to working with you on this new program. If you have any questions or need additional information, please contact your local CPSP Coordinator or Lisa Reagan, Medi-Cal Eligibility Branch, at (916) 657-3719.

Sincerely,

  
Lisa Reagan, Chief  
Medi-Cal Eligibility Branch

  
Carmela Shah, M.D., Chief  
Maternal and Child Health Branch

## *PRESUMPTIVE ELIGIBILITY PROVIDER FACT SHEET*



### *What is Presumptive Eligibility (PE)?*

PE is a federal/state program designed to ease access to prenatal care by allowing the provider to offer pregnant patients immediate Medi-Cal coverage pending a formal Medi-Cal application.

### *Who can offer PE?*

Most Medi-Cal providers who provide prenatal services can offer this service to their patients.

### *Who is eligible for PE?*

Any pregnant woman whose family income is at or below 100% of the Federal Poverty Level is eligible for this program.

### *How do I determine if my patient meets the income requirements?*

Ask the patient to complete a simple one page application which asks her family size and income. No verification is necessary. The patient's signature verifies her statements. Compare the patient's stated income against a simple income level chart to determine if she qualifies.

### *Will Medi-Cal still reimburse for my services even if the pregnancy test is negative?*

Yes. Medi-Cal will reimburse for the cost of the income-eligible patient's pregnancy test and an evaluation and management visit (E2000 with appropriate modifier plus 99201 for new patient and 99211 for established patient).

### *How long will my pregnant patient be eligible for PE? What happens if she never applies for Medi-Cal, or is denied?*

The pregnant woman will be eligible for PE until her Medi-Cal determination has been made or she applies for Medi-Cal. If she is approved, she continues on Medi-Cal. If she is denied, her PE eligibility will end at the end of that month. Also, even if your patient never files her Medi-Cal application, her eligibility for PE will continue until the end of the month following the month of her initial PE application.

***What services does PE cover?***

The majority of ambulatory prenatal services provided by a Medi-Cal provider, including pregnancy related prescriptions, are covered. It should be noted that delivery, family planning, and abortion services are not included.

***How do I become a "Qualified Provider"?***

Please follow the instructions in Section 200-90 of your Medi-Cal Provider Manual to complete and return the Qualified Provider application (QPAPP).

Once your application has been processed you will be contacted with details on the next Qualified Provider training scheduled in your area.

IF YOU HAVE FURTHER QUESTIONS, PLEASE CALL THE EDS OB HOT-LINE AT  
1 (800) 357-6900

# **PRESUMPTIVE ELIGIBILITY QUALIFIED PROVIDER RESPONSIBILITIES AND AGREEMENT**

*I understand* that my responsibilities as a Qualified Provider include:

- . offering the Presumptive Eligibility program to my pregnant patients without health coverage or Medi-Cal;

- . screening interested patients for income eligibility by using the prescribed Presumptive Eligibility forms and guidelines;

- . notifying the Department of Health Services within three (3) working days with the required information on those patients eligible for Presumptive Eligibility;

- . informing the pregnant woman at the time of the Presumptive Eligibility determination that she must file her Medi-Cal (or AFDC) application at her local County Welfare office within a specified period of time in order for her Presumptive Eligibility to continue;

- . assisting the pregnant woman in completing her one page application if needed;

- . providing a written statement to the applicant if she is ineligible for Presumptive Eligibility, and informing her that she may still file for Medi-Cal (or AFDC) at the County Welfare Department;

- . maintaining records of Presumptive Eligibility applications and making these records available to the Department of Health Services upon request; and

- . attending Presumptive Eligibility training and keeping current with changes affecting Presumptive Eligibility through provider bulletins, notices and/or further training.

*I, \_\_\_\_\_ agree* to cooperate with the Department of Health Services in complying with the above Qualified Provider responsibilities. I am aware that if I do not comply with these responsibilities and the Presumptive Eligibility guidelines as outlined in the Medi-Cal Provider Manual, I may lose my status as a Qualified Provider. I agree to notify the Department of Health Services in writing of any known changes in my application information at least 10 days prior to the date I intend to make any proposed changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
Date

Department of Health Services PE Support Unit 5 S Street, Suite 3 P Box 942732 Sacramento, CA 94234-7320	ALL INFORMATION SUBMITTED WITH THIS APPLICATION WILL BE PART OF A FILE THAT IS OPEN FOR PUBLIC INSPECTION PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT, GOVERNMENT CODE SECTION 6250 ET SEQ.	FOR OFFICIAL USE ONLY  DATE RECEIVED: _____  QP PROVIDER # _____  ACTION TAKEN _____
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## QUALIFIED PROVIDER APPLICATION FOR PRESUMPTIVE ELIGIBILITY PARTICIPATION

This is an application for a Medi-Cal provider to become a Qualified Provider for purposes of offering Presumptive Eligibility to your pregnant patients. You must be a Medi-Cal provider in good standing, and provide prenatal services, to qualify for Presumptive Eligibility participation. If you do not have a current Medi-Cal provider number, but are interested in participating, please contact Department of Health Services Provider Enrollment at (916) 323-1945.

### PART I.

**PLEASE ENTER YOUR MEDI-CAL PROVIDER NUMBER HERE:** \_\_\_\_\_

(MUST BE CURRENT AND THE SAME NUMBER AS USED FOR THE NAME LISTED BELOW)

### PART II.

1. Name of Provider or Group: \_\_\_\_\_  
 (Name must be the same as used for current Medi-Cal Provider Number)
  
2. Other Name: \_\_\_\_\_ (If any used for provider services)  
 Office Address: \_\_\_\_\_ County: \_\_\_\_\_
  
3. Telephone Number(s): \_\_\_\_\_
  
4. Mailing Address: \_\_\_\_\_  
 (Street address you want materials delivered, if different from office address - No P.O. Box):
  
5. Contact Person: \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_
  
6. Please estimate the number of pregnant patients your practice sees each month who are not covered by health insurance or Medi-Cal at the time of their initial pregnancy visit. \_\_\_\_\_
  
7. Of this number, how many do you expect will need Spanish language forms? \_\_\_\_\_

### PART III.

1. Do you participate in the Comprehensive Perinatal Services Program (CPSP)? ☐ Yes ☐ No

**NOTE:** If you are not currently a CPSP provider, would you like more information on how to enroll? ☐ Yes ☐ No

2. If "No", do you provide prenatal care services which include either pregnancy testing or antepartum care? ☐ Yes ☐ No

### PART IV. CERTIFICATION

I hereby certify that all the above information is true and accurate to the best of my knowledge.

Signature

Title of Authorized Agent

Date



## **PRESUMPTIVE ELIGIBILITY QUALIFIED PROVIDER RESPONSIBILITIES AND AGREEMENT**

*I understand* that my responsibilities as a Qualified Provider include:

. offering the Presumptive Eligibility program to my pregnant patients without health coverage or Medi-Cal;

. screening interested patients for income eligibility by using the prescribed Presumptive Eligibility forms and guidelines;

. notifying the Department of Health Services within three (3) working days with the required information on those patients eligible for Presumptive Eligibility;

. informing the pregnant woman at the time of the Presumptive Eligibility determination that she must file her Medi-Cal (or AFDC) application at her local County Welfare Office within a specified period of time in order for her Presumptive Eligibility to continue;

. assisting the pregnant woman in completing her one page application if needed;

. providing a written statement to the applicant if she is ineligible for Presumptive Eligibility, and informing her that she may still file for Medi-Cal (or AFDC) at the County Welfare Department;

. maintaining records of Presumptive Eligibility applications and making these records available to the Department of Health Services upon request; and

. attending Presumptive Eligibility training and keeping current with changes affecting Presumptive Eligibility through provider bulletins, notices and/or further training.

I, \_\_\_\_\_ agree to cooperate with the Department of Health Services in complying with the above Qualified Provider responsibilities. I am aware that if I do not comply with these responsibilities and the Presumptive Eligibility guidelines as outlined in the Medi-Cal Provider Manual, I may lose my status as a Qualified Provider. I agree to notify the Department of Health Services in writing of any known changes in my application information at least 10 days prior to the date I intend to make any proposed changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
Date

## PRESUMPTIVE ELIGIBILITY DETERMINATION PROVIDER PROCEDURES

1. If your patient believes she is pregnant, has no health insurance for prenatal care, and is not receiving Medi-Cal, inform her of the ability to file for the Presumptive Eligibility program (PE). Show her the PE Fact Sheet.
2. Explain that this program will provide temporary Medi-Cal coverage for ambulatory prenatal care services, but that she must also formally apply for Medi-Cal at the County Welfare Department (CWD) in order to continue these services. (If she has already applied for Medi-Cal but has not yet been determined eligible, she may still apply for PE. See Special Circumstances (#13) below.)
3. If your patient is interested in PE, ask her to read the Directions for Presumptive Eligibility Application and have her complete the Application for Presumptive Eligibility (PREMED 1).

NOTE: Please complete the name, date of birth and "valid-month year" sections on the PREMEDCARD before having patient complete the PREMED 1. Separate the PREMEDCARD and Application for Medi-Cal (PREMED 2) from the application package and hold these forms in a secure place until determination is completed. If the woman is found income ineligible, DESTROY the PREMEDCARD and the PREMED 2.

4. Eligibility for PE
  - a. Once your patient has completed the PREMED 1, conduct the income screening. This is done by comparing her gross family income, based on her family size, to the PE Income Screening Chart.
  - b. No verification of income is required. The patient's statement will suffice. If the patient does not know her family income, she must obtain this information before the determination can continue.
  - c. If the patient's income is equal to or less than the appropriate amount, she is income eligible for PE.
  - d. If the patient's income is above the appropriate amount, provide her with the Explanation of Ineligibility and let her know that if she is interested in receiving Medi-Cal, she should apply at her local CWD. Give her a Medi-Cal brochure.

### Definitions

either:

- 1) the spouse of the patient or;
- 2) the natural or adopted children of the patient;
- 3) the parents of the patient if she is under 21, unmarried and living with her parents.
- 4) The unborn is also considered a person for purposes of computing the PE applicants's income level.

"Family Income" is defined as income of the patient and/or her spouse, and if she is under 21, unmarried, and living with her parents, the income of her parents.

Example #1: A pregnant woman is single with two existing children. Her gross income from neighborhood child care is \$1200/month. Her elderly aunt lives with her, and has her own Social Security income of \$550/month.

For PE purposes, the number of persons in the pregnant woman's household is four (herself, her unborn and her two children). The aunt is not counted nor is her Social Security income. Since her monthly income of \$1200 is at or below the monthly 200% figure for a family of four on the chart, she qualifies in terms of her income level. A positive pregnancy test will complete her PE eligibility.

Example #2: A pregnant woman lives with her boyfriend (father of unborn) and her son from a previous marriage. Her boyfriend has earned income of \$1500/month, and she receives \$250/month child support for the son.

For PE purposes, the number of persons in the pregnant woman's household is three (the woman, her unborn and her existing child). Her boyfriend and his income are not counted in this case because they are not married. Only her \$250/month child support income is counted. Since this figure is at or below the monthly 200% figure for her family size on the chart, she meets the income criteria for PE. If her pregnancy result is positive, she then qualifies for PE.

#### 5. Minors Applying for Care

- a. If the patient is under 21, unmarried, and living on her own, only her income is counted.
- b. If the patient is under 21, unmarried, and living with her parents, the income of the parents must be considered. If she does not know this income, she must obtain this information before the determination can continue. The parents may also be included in the family size.

If the minor patient cannot obtain this information

obtain the information in order to qualify for the PE program. Inform the minor patient that, if she prefers to keep this application confidential from her parents, she can apply at her local CWD for a program called "Minor Consent Services", which will provide her with benefits, including pregnancy-related services, based solely on her income and resources. The parents will not be contacted nor included in the determination for Minor Consent. If your patient prefers this program, give her a brochure, reference the Minor Consent section, and refer her to the local CWD.

6. Pregnancy Test

Once the patient is determined income eligible for PE, conduct the pregnancy test. If negative, follow procedures outlined in #10 below - "Reporting Patient Eligibility to the Department of Health Services". Inform the patient by giving her the Explanation of Ineligibility for Presumptive Eligibility. Let her know she does not qualify for the PE program, but if she is interested in receiving Medi-Cal, she should apply at her local CWD. Give her a Medi-Cal brochure.

NOTE: If the pregnancy test is negative, please DESTROY the PREMEDCARD and the PREMED 2.

You may still bill the Department and be paid for the negative pregnancy test and an office visit (see #10).

If the test is positive, the patient is eligible for the PE program.

7. PE Card Issuance and Directions to Apply for Medi-Cal

Once PE eligible, issue the patient her PE card. Inform her she may use this card to obtain ambulatory prenatal care services from Medi-Cal providers. Review with her the basic services to which she is entitled. Ensure she understands PE does not entitle her to family planning, delivery, or abortion services.

Also issue the patient her Medi-Cal application package which consists of the Directions to Apply for Medi-Cal, and the Application for Medi-Cal (PREMED 2).

Be sure to complete the bottom portion of the PREMED 2, "Provider Use" section, which is the Pregnancy Verification. Your patient will need to present this verification to the CWD to start her application process for Medi-Cal.

- a. Review with the patient the Directions to Apply for Medi-Cal. As stated on the sheet, tell her she must apply for Medi-Cal or her PE coverage will end. Show her on the calendar that her PE eligibility will last until the end of the month following the current month. During this period of time she must apply for Medi-Cal. Once she applies, her PE will continue until the CWD determines her eligibility. At that point, if she is eligible, she will receive her Medi-Cal card.

- b. If the CWD determines she is ineligible, her PE coverage will stop at the end of the month (but she can continue to use her PE card until then).

Note: It is important that the approved provider for PE purposes (Qualified Provider or QP) signs the PREMED package (PREMEDCARD, PREMED 1 and PREMED 2). The forms have been designed so that if they are arranged in this order (PREMEDCARD, PREMED 1, and PREMED 2) and aligned correctly, the information will duplicate on all the forms. If the information does not transfer clearly to each form, the QP will have to complete the information separately on each page.

8. Number of PE Eligibility Periods per Pregnancy

Eligibility for PE is limited to one period of eligibility per pregnancy. If you grant PE eligibility to a patient who does not fulfill the requirement for Medi-Cal, or who is denied, her PE will end. If this patient returns to you, you may not re-evaluate her for the PE program. Instead, instruct her she must now apply at the CWD and provide her with a Medi-Cal brochure. If her Medi-Cal application was denied, you may work out private pay arrangements.

9. Official Medi-Cal PE card

When you issue the PE temporary card, inform the patient that she will receive the official Medi-Cal PE card by mail in approximately one week. Once she receives the official card, she should no longer use the temporary card. Instruct her to destroy it and begin using the official PE card from that point forward.

After your patient understands her responsibilities, the interview is concluded.

10. Reporting PE patient eligibility to the Department of Health Services (DHS).

The QP may choose either of the following methods for reporting PE patient information to DHS; procedures are provided for both phone and fax methods. These procedures will establish an eligibility record with the fiscal intermediary, Electronic Data Systems (EDS).

a. Phone Procedures:

Phone the 800 number listed below to the Medi-Cal Eligibility PE Support Unit.

**PE REPORTING LINE: 1 (800) 824-0088**

1) Using the information listed on the PREMED 1, report client's:

- a) Name  
b) Address (mailing)

- e) Pregnancy test results (Y or N)
- f) Estimated Date of Confinement (E.D.C.)
- g) Existing AFDC/Medi-Cal applicant (Y or N)
- h) PE County ID
- i) Other Identifying Information (See below.)

- 2) If the provider has access to the patient's SSN or county ID number, it would help to report the number and type of ID to the operator to facilitate a correct record match.
- 3) Once this information is received, the Medi-Cal PE operator will submit a transaction to MEDS for update. This update will then establish an eligibility record with the fiscal intermediary, EDS.
- 4) Routine reporting:

The provider must submit the PE patient information to DHS within three (3) days of the date the patient was determined eligible. It must be noted however, that if the provider takes up to three days to report PE, the patient will not have an eligibility record established during those three days. If the provider chooses to bill for services provided prior to the eligibility record being on file with DHS, the claim must be submitted on paper with a copy of the PE Identification card attached. Otherwise the claim will be rejected as billing for a beneficiary who is ineligible.

NOTE: It is your responsibility to report the patient's eligibility information to DHS so a record can be established; **billing for services will not establish an eligibility record.**

- 5) Immediate need reporting:

If the patient is in need of immediate care, the provider should phone the PE 1-800 number the same day eligibility for PE is established.

- 6) After you have reported the patient's PE eligibility to DHS, please retain the PREMED 1 in your files.

b. Faxing Procedures:

The following procedures are required for faxing PE information to DHS.

- 1) The provider will fax the PREMED 1 to the PE fax number listed below.

**PE REPORTING LINE: 1 (800) 409-1498**

- 2) If the provider has access to the patient's SSN or county ID number it would help to report this information to the operator in order to facilitate a correct record match.

- 3) Once this information is received, the Medi-Cal PE clerical will submit a transaction to MEDS for update. This update will then establish an eligibility record with the fiscal intermediary EDS.

- 4) Routine reporting:

The provider must submit the above information to DHS within three (3) days of seeing the patient. It must be noted, however, that if the provider takes up to three days to report PE, the patient will not have an eligibility record established during those three days. If the provider chooses to bill for services provided prior to the eligibility record being on file with DHS, the claim must be submitted on paper with a copy of the PE Identification card attached. Otherwise the claim will be rejected as billing for a beneficiary who is ineligible:-

- 5) Immediate need reporting:

If the patient is in need of immediate care, the provider should phone the PE 1-800 number the same day eligibility for PE is established.

NOTE: It is your responsibility to report the patient's eligibility information to DHS so a record can be established; **billing for services will not establish an eligibility record.**

- 6) After you have reported the patient's PE eligibility to DHS, please retain the PREMED 1 in your files.

## 11. Ordering/Restocking PE forms and handouts

Your initial supply of PE forms has been estimated by DHS based on the information you provided on your QP Application. Additional forms and handouts may be ordered using the PE Forms order (a copy of this form is attached.)

Mail order forms to: Department of Health Services  
PE Support Unit  
501 S Street, Suite 3  
P.O. Box 942732  
Sacramento, CA 94234-7320

Note: **REMEMBER** that the PREMED form package is prenumbered and **CANNOT** be copied. All other forms may be copied. See other parts of this Section for masters.

## 12. QP Inquiry Line

If you have general questions regarding the PE program, you may call the OR Hotline at 800-438-2222.

13. Special Circumstances

Preference to apply for AFDC rather than Medi-Cal

If your patient expresses a wish to apply for the AFDC program rather than the Medi-Cal only program, this will also satisfy the PE requirement to apply for Medi-Cal coverage. Instruct the patient she need not complete the PREMED 2, but instead return the PREMED 2 to the receptionist at the CWD so she can obtain the correct forms and get an AFDC interview appointment.

Patient has already filed for Medi-Cal (or AFDC)

If the patient has already applied for Medi-Cal (or AFDC), direct the patient not to complete the PREMED 2, but to contact her caseworker at the CWD and let him/her know she has applied for PE. The caseworker will instruct her how best to return the PREMED 2 to the CWD.



## PRESUMPTIVE ELIGIBILITY FORMS ORDER

SHIP TO: Qualified Provider Name:

Qualified Provider Medi-Cal Number:

Telephone Number: (     )

Contact Person:

Mailing Address (Address forms are to be mailed to):

Street Address Only-Do not Use P.O. Box

City, State Zip

In the box below, please indicate the number of forms requested next to each specific form title. When estimating this number please **remember** that the PREMED form package is prenumbered and **CANNOT** be copied. All other forms may be copied. See your Medi-Cal Provider Manual, Section 200-90 for masters.

FORM NAME	Quantity	Number on Hand	English	Spanish
PREMED package:				
Patient Fact Sheet:				
Directions for PE Application:				
Directions for Medi-Cal Application:				
Explanation of Ineligibility for PE:				
Income Eligibility Screening Chart:				
Medi-Cal Brochures:				
PE Forms Order:				

Mail completed order forms to :

Department of Health Services  
PE Support Unit  
501 S Street, Suite 1  
P.O. Box 942732  
Sacramento, CA 94234-7320

CPSP PROVIDER BILLING SEMINARS  
OCTOBER AND NOVEMBER

Monday, Oct. 4 - 1:30-4:30pm  
Garden Grove Hyatt Regency  
100 Plaza Alicante

Tuesday, Oct. 5 - 1:30-4:30pm  
San Jose Holiday Inn - Center Room  
282 Almaden Blvd.

Tuesday, Oct. 12 - 1:30-4:30pm  
Pasadena Center - Room 211  
San Francisco Fort Mason Center - Building "A" Conf. Room 1

Monday, Oct. 18 - 1:30-4:30pm  
San Diego Concourse - Silver Room 250

Monday, Oct. 25 - 1:30-4:30pm  
San Diego Concourse - Copper Rooms  
Fresno Holiday Inn - Salon "D"

Monday, Nov. 1 - 1:30-4:30pm  
San Francisco Fort Mason Center - Building "A" Conf. Room 1

Monday, Nov. 8 - 1:30-4:30pm  
Fresno Holiday Inn - Room "A"

Tuesday, Nov. 9 - 9:00-12:00noon  
Eureka Red Lion Inn - Ballroom

Tuesday, November 16 - 9:00-12:00noon  
Bakersfield Sheraton Inn - Yosemite Room

Thursday, Nov. 18 - 9:00am-12:00noon  
Chico Best Western Heritage Inn

Tuesday, Nov. 30 - 9-12:00noon  
Sacramento Community & Convention Center - Eldorado/Sacramento  
Room